Office of Health Care Assurance

**State Licensing Section**

# STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

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|---|---|
| **Facility's Name: Quitevis, Elena (ARCH)** | **CHAPTER 100.1** |
| **Address:**<br>**1614 Maluawai Street, Pearl City, Hawaii 96782** | **Inspection Date: April 2, 2019 Annual** |

**THIS PAGE MUST BE SUBMITTED WITH YOUR PLAN OF CORRECTION. IF IT IS NOT, YOUR PLAN OF CORRECTION WILL BE RETURNED TO YOU, UNREVIEWED.**

**YOUR PLAN OF CORRECTION MUST BE SUBMITTED WITHIN TEN (10) WORKING DAYS. IF IT IS NOT RECEIVED WITHIN TEN (10) WORKING DAYS, YOUR STATEMENT OF DEFICIENCIES WILL BE POSTED ONLINE, WITHOUT YOUR RESPONSE.**

| | RULES (CRITERIA) | PLAN OF CORRECTION | Completion Date |
|---|---|---|---|
| ☒ | §11-100.1-9 Personnel, staffing and family requirements. (a)<br>All individuals who either reside or provide care or services to residents in the Type I ARCH, shall have documented evidence that they have been examined by a physician prior to their first contact with the residents of the Type I ARCH, and thereafter shall be examined by a physician annually, to certify that they are free of infectious diseases.<br><br>**FINDINGS**<br>No evidence of a current physical examination (PE) for substitute care giver (SCG) #1. PE for SCG dated 12/19/17. | **PART 1**<br><br>**DID YOU CORRECT THE DEFICIENCY?**<br><br>**USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY** | |

| | RULES (CRITERIA) | PLAN OF CORRECTION | Completion Date |
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| ☒ | §11-100.1-9 Personnel, staffing and family requirements. (a) All individuals who either reside or provide care or services to residents in the Type I ARCH, shall have documented evidence that they have been examined by a physician prior to their first contact with the residents of the Type I ARCH, and thereafter shall be examined by a physician annually, to certify that they are free of infectious diseases.<br><br>**FINDINGS**<br>No evidence of a current physical examination (PE) for substitute care giver (SCG) #1. PE for SCG dated 12/19/17. | **PART 2**<br><br>**FUTURE PLAN**<br><br>**USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** | |

| | RULES (CRITERIA) | PLAN OF CORRECTION | Completion Date |
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| ☒ | §11-100.1-13 Nutrition. (d)<br>Current menus shall be posted in the kitchen and in a conspicuous place in the dining area for the residents and department to review.<br><br>**FINDINGS**<br>Conflicting menus posted in the dining area and kitchen:<br><br>• Dining area menu reads, "Week #1"<br>• Kitchen menu reads, "Week #4" | **PART 1**<br><br>**DID YOU CORRECT THE DEFICIENCY?**<br><br>**USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY** | |

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| ☒ | §11-100.1-13 Nutrition. (d)<br>Current menus shall be posted in the kitchen and in a conspicuous place in the dining area for the residents and department to review.<br><br>**FINDINGS**<br>Conflicting menus posted in the dining area and kitchen:<br><br>• Dining area menu reads, "Week #1"<br>• Kitchen menu reads, "Week #4" | **PART 2**<br><br>**FUTURE PLAN**<br><br>**USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** | |

| | RULES (CRITERIA) | PLAN OF CORRECTION | Completion Date |
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| ☒ | §11-100.1-13 Nutrition. (e)<br>Substitutes offered to residents who refuse food served shall be of similar nutritive value and documented.<br><br>**FINDINGS**<br>No evidence of **substitution documentation** for meals served since January 2019; however, observed lunch and dinner served on 04/02/19 did not reflect any posted menu. | **PART 1**<br><br>Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required. | |

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| ☒ | §11-100.1-13 Nutrition. (e)<br>Substitutes offered to residents who refuse food served shall be of similar nutritive value and documented.<br><br>**FINDINGS**<br>No evidence of **substitution documentation** for meals served since January 2019; however, observed lunch and dinner served on 04/02/19 did not reflect any posted menu. | **PART 2**<br><br>**FUTURE PLAN**<br><br>**USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** | |

| | RULES (CRITERIA) | PLAN OF CORRECTION | Completion Date |
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| ☒ | §11-100.1-13 Nutrition. (i)<br>Each resident shall have a documented diet order on admission and readmission to the Type I ARCH and shall have the documented diet annually signed by the resident's physician or APRN. Verbal orders for diets shall be recorded on the physician order sheet and written confirmation by the attending physician or APRN shall be obtained during the next office visit.<br><br>**FINDINGS**<br>No diet order upon admission. Resident #1 was admitted on 9/10/18. Diet order (9/11/18) obtained day after admission. | **PART 1**<br><br>Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required. | |

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| ☒ | §11-100.1-13 Nutrition. (i)<br>Each resident shall have a documented diet order on admission and readmission to the Type I ARCH and shall have the documented diet annually signed by the resident's physician or APRN. Verbal orders for diets shall be recorded on the physician order sheet and written confirmation by the attending physician or APRN shall be obtained during the next office visit.<br><br>**FINDINGS**<br>No diet order upon admission. Resident #1 was admitted on 9/10/18. Diet order (9/11/18) obtained day after admission. | **PART 2**<br><br>**FUTURE PLAN**<br><br>**USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** | |

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| ☒ | §11-100.1-13 Nutrition. (l)<br>Special diets shall be provided for residents only as ordered by their physician or APRN. Only those Type I ARCHs licensed to provide special diets may admit residents requiring such diets.<br><br>**FINDINGS**<br>Special diet ordered; however, not provided. No evidence of effort by the Primary Care Giver (PCG) to determine if the special diet order needs clarification. For example, when asked if any resident has a special diet, PCG replied, "No one." The following signed special diet orders were found:<br><br>• Resident #3 – order (5/11/18) reads, "No added salt". No menu available for this diet.<br>• Resident #5 – order (07/28/18) reads, "Low fat, No concentrated sweet." No menu available for this diet. | **PART 1**<br><br>**DID YOU CORRECT THE DEFICIENCY?**<br><br>**USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY** | |

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| ☒ | §11-100.1-15 Medications. (e)<br>All medications and supplements, such as vitamins, minerals, and formulas, shall be made available as ordered by a physician or APRN.<br><br>**FINDINGS**<br>Resident #1, physician order (02/20/19) reads, "Famotidine 20 mg 1 tab BID po." However, none available on 04/02/19. | **PART 1**<br><br>Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required. | |

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| ☒ | §11-100.1-15 Medications. (e)<br>All medications and supplements, such as vitamins, minerals, and formulas, shall be made available as ordered by a physician or APRN.<br><br>**FINDINGS**<br>Resident #1, medication made available without an order. Physician order (10/21/18) reads, "Antacid tablet once daily before meal"; however, Antacid tablet once daily before meal" made available on 9/26/18, 9/28/18, 9/29/18 and 9/30/18 per medication administration record (MAR). | **PART 1**<br><br>Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required. | |

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| | §11-100.1-15 Medications. (f)<br>Medications made available to residents shall be recorded on a flowsheet. The flowsheet shall contain the resident's name, name of the medication, frequency, time, date and by whom the medication was made available to the resident.<br><br>**FINDINGS**<br>Resident #1, no record for an "as needed" medication order listed on the MAR. For example, order (11/13/18) reads, "Clonazepam 0.5 mg one BID PRN for panic." However, no evidence for an "as needed" order listed on the MAR to make available when needed by the resident, in this case for panic. | **PART 1**<br><br>**DID YOU CORRECT THE DEFICIENCY?**<br><br>**USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY** | |

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| ☒ | §11-100.1-15 Medications. (h)<br>All telephone and verbal orders for medication shall be recorded immediately on the physician's order sheet and written confirmation shall be obtained at the next physicians visit and not later than four months from the date of the verbal order for the medication.<br><br>**FINDINGS**<br>Resident #1, no verbal order for medication made available. For example, resident returned to care home (2/16/19) with a pharmacy labeled medication bottle after emergency room examination. No evidence of a verbal order. During a routine office visit, order signed (2/20/19) four (4) days later. | **PART 1**<br><br>Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required. | |

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| ☒ | §11-100.1-15 Medications. (m)<br>All medications and supplements, such as vitamins, minerals, and formulas, when taken by the resident, shall be recorded on the resident's medication record, with date, time, name of drug, and dosage initialed by the care giver.<br><br>**FINDINGS**<br>Resident #1, no evidence of a MAR for April 2019 to record date, time, name of drug, and dosage initialed by caregiver. | **PART 1**<br><br>Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required. | |

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| ☒ | §11-100.1-17 Records and reports. (a)(3)<br>The licensee or primary care giver shall maintain individual records for each resident. On admission, readmission, or transfer of a resident there shall be made available by the licensee or primary care giver for the department's review:<br><br>Documentation of date of referral and admission, referral agency with address and telephone number, place or source from which admitted, physician, APRN, dentist, ophthalmologist, optometrist, psychiatrist, and all other medical or social service professionals who are currently treating the resident, next of kin, legal guardian, surrogate or other legally responsible agency;<br><br>**FINDINGS**<br>Resident #1, emergency information form incomplete. For example, no documentation for the psychiatric provider, case manager's phone number, correct date of birth, current list of medication and the family contact information. | **PART 1**<br><br>**DID YOU CORRECT THE DEFICIENCY?**<br><br>**USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY** | |

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| ☒ | §11-100.1-17 Records and reports. (b)(3)<br>During residence, records shall include:<br><br>Progress notes that shall be written on a monthly basis, or more often as appropriate, shall include observations of the resident's response to medication, treatments, diet, care plan, any changes in condition, indications of illness or injury, behavior patterns including the date, time, and any and all action taken. Documentation shall be completed immediately when any incident occurs;<br><br>**FINDINGS**<br>No evidence of incident report following discharge of a resident. For example, PCG reports calling 911 resulting for discharged residents (DR) as follows:<br><br>• DR #2, discharged to hospital 5/28/18<br>• DR #3, discharged to hospital 7/28/18 | **PART 1**<br><br>Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required. | |

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| ☒ | §11-100.1-17 Records and reports. (f)(1)<br>General rules regarding records:<br><br>All entries in the resident's record shall be written in black ink, or typewritten, shall be legible, dated, and signed by the individual making the entry;<br><br>**FINDINGS**<br>Resident #1, no signature and date for entry to the record. For example, on top right corner of a zerox copy of a physician signed order reads, "Omeprazole 20 mg one QD po." Yet, physician order (11/19/18) on same page reads, "Omeprazole 20 mg one QD before breakfast PRN for epigastric pain/ heartburn." When asked who wrote the entry the PCG stated, "I added this to match the (pharmacy labeled) bottle." | **PART 1**<br><br>Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required. | |

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|---|---|---|---|
| ☒ | §11-100.1-17 Records and reports. (h)(1)<br>Miscellaneous records:<br><br>A permanent general register shall be maintained to record all admissions and discharges of residents;<br><br>**FINDINGS**<br>Permanent register, incomplete information as follows:<br><br>• R #1 – the place admitted from remains blank<br>• R #5 – admitted as fifth resident on 04/01/19; however register lists only four (4) residents<br>• DR #2 – condition upon discharge reads, "stable"; however, PCG called 911, ambulance transported resident to hospital and was admitted<br>• DR #3 – condition upon discharge reads, "died June 6, 2019;" however, PCG called 911, ambulance transported resident to hospital and was admitted | **PART 1**<br><br>**DID YOU CORRECT THE DEFICIENCY?**<br><br>**USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY** | |

| | RULES (CRITERIA) | PLAN OF CORRECTION | Completion Date |
|---|---|---|---|
| ☒ | §11-100.1-17 Records and reports. (h)(1)<br>Miscellaneous records:<br><br>A permanent general register shall be maintained to record all admissions and discharges of residents;<br><br>**FINDINGS**<br>Permanent register, incomplete information as follows:<br><br>• R #1 – the place admitted from remains blank<br>• R #5 – admitted as fifth resident on 04/01/19; however register lists only four (4) residents<br>• DR #2 – condition upon discharge reads, "stable"; however, PCG called 911, ambulance transported resident to hospital and was admitted<br>• DR #3 – condition upon discharge reads, "died June 6, 2019;" however, PCG called 911, ambulance transported resident to hospital and was admitted | **PART 2**<br><br>**FUTURE PLAN**<br><br>**USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** | |

| | RULES (CRITERIA) | PLAN OF CORRECTION | Completion Date |
|---|---|---|---|
| ☒ | §11-100.1-22 Transfer and discharge of residents. (b)<br>The licensee or primary care giver of the Type I ARCH shall provide assistance to the resident, resident's family, legal guardian, representative, surrogate or case manager with the transfer.<br><br>**FINDINGS**<br>DR #1 - No evidence for assistance by the PCG to transfer a resident to an appropriate facility or discharge to another living arrangement. Progress notes ended in August 2018; however, the register reads date of discharge was on 1/2/19. | **PART 1**<br><br>Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required. | |

| | RULES (CRITERIA) | PLAN OF CORRECTION | Completion Date |
|---|---|---|---|
| ☒ | §11-100.1-22 Transfer and discharge of residents. (b)<br>The licensee or primary care giver of the Type I ARCH shall provide assistance to the resident, resident's family, legal guardian, representative, surrogate or case manager with the transfer.<br><br>**FINDINGS**<br>DR #1 - No evidence for assistance by the PCG to transfer a resident to an appropriate facility or discharge to another living arrangement. Progress notes ended in August 2018; however, the register reads date of discharge was on 1/2/19. | **PART 2**<br><br>**FUTURE PLAN**<br><br>**USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** | |

| | RULES (CRITERIA) | PLAN OF CORRECTION | Completion Date |
|---|---|---|---|
| ☒ | §11-100.1-23 Physical environment. (g)(3)(G)<br>Fire prevention protection.<br><br>Type I ARCHs shall be in compliance with, but not limited to, the following provisions:<br><br>Smoke detectors shall be provided in accordance with the most current edition of the National Fire Protection Association (NFPA) Standard 101 Life Safety Code, One and Two Family Dwellings. Existing Type I ARCHs may continue to use battery operated individual smoke detector units, however, upon transfer of ownership or primary care giver, such units shall be replaced with an automatic hard wiring UL approved smoke detector system;<br><br>**FINDINGS**<br>No documentation for a battery check for the smoke detectors during March 2019. | **PART 1**<br><br>Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required. | |

| | RULES (CRITERIA) | PLAN OF CORRECTION | Completion Date |
|---|---|---|---|
| ☒ | §11-100.1-23 Physical environment. (g)(3)(G)<br>Fire prevention protection.<br><br>Type I ARCHs shall be in compliance with, but not limited to, the following provisions:<br><br>Smoke detectors shall be provided in accordance with the most current edition of the National Fire Protection Association (NFPA) Standard 101 Life Safety Code, One and Two Family Dwellings. Existing Type I ARCHs may continue to use battery operated individual smoke detector units, however, upon transfer of ownership or primary care giver, such units shall be replaced with an automatic hard wiring UL approved smoke detector system;<br><br>**FINDINGS**<br>No documentation for a battery check for the smoke detectors during March 2019. | **PART 2**<br><br>**FUTURE PLAN**<br><br>**USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** | |

Licensee's/Administrator's Signature: _____

Print Name: _____

Date: _____